



REQUEST FOR PROPOSALS

RHODE ISLAND DEPARTMENT OF HEALTH

INITIATIVE FOR HEALTHY WEIGHT

Healthy Places & Active Transportation Project Implementation

Applications are due at:

*Rhode Island Department of Health
Initiative for a Healthy Weight
3 Capitol Hill, Room 408
Providence RI 02908*

by 3:30 PM on Friday, February 1, 2013

*Questions concerning this solicitation must be received by HEALTH, Initiative for a Healthy Weight, no later than January 18, 2013 at 12:00 Noon. E-mail questions to eliza.lawson@health.ri.gov. No other contact with State parties will be permitted. Please reference RFP **Healthy Places & Active Transportation Project Implementation** on all correspondence. Questions received, if any, will be posted on the HEALTH website <http://www.health.ri.gov/rfp/> as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.*

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RHODE ISLAND DEPARTMENT OF HEALTH INITIATIVE FOR A HEALTHY WEIGHT

REQUEST FOR PROPOSALS

Healthy Places & Active Transportation Project Implementation

SECTION 1: INTRODUCTION

The Rhode Island Department of Health (HEALTH), Division of Community, Family, Health and Equity's Initiative for a Healthy Weight (IHW) is accepting Requests for Proposals (RFP) from qualified organizations to increase safe and active transportation through walking and biking across the state. This RFP will support the implementation of evidence-based initiatives being led by various partners across the state. The Rhode Island Department of Transportation (RIDOT) & HEALTH created the *Safe and Active Commuting Program through a memorandum of understanding*. *The funding for this project is provided by the RIDOT through the United States Department of Transportation (USDOT) Federal Highway Administration (FHWA) Transportation Enhancement (TE) Program.*

IHW's vision is that all Rhode Islanders eat healthy, are physically active, and have a healthy weight. The mission of IHW is to prevent and address overweight and obesity. We work with partners to make healthy eating and active living easier choices for all residents. IHW will lead the state in achieving the objectives in *Eat Smart Move More RI: A Plan for Action 2010-2015*. *IHW is part of The Health Promotion & Wellness Team which consists of the following programs: Tobacco Control, Initiative for a Healthy Weight, and Safe Rhode Island Violence and Injury Prevention.*

Up to \$48,686 for the project period April 1, 2013 – March 30, 2014 is available with the option of renewal for three additional 12-month periods at the exclusive option of the state, based on grantee performance and the availability of funds. The funds are available to one or more organizations who can demonstrate knowledge, experience, and accomplishments in creating active environments at the state and local levels, and provide community education, program development, and outreach to decision makers. Organizations may subcontract limited portions of the work. Subcontracts are subject to approval by HEALTH/contract officer prior to work beginning. The grantee will bear the main responsibility for project related deliverables.

SECTION 2: BACKGROUND AND PURPOSE

Background: Research has shown that aspects of the built environment or the man made physical structures are important determinants of physical activity for both children and adults. Individual health is inextricably linked closely to social and physical environments, which act to determine individual and group health behaviors. Walking and bicycling are easy and inexpensive sources of physical activity for adults and children. Built environment aspects such as the presence and condition of sidewalks, bike facilities and walking trails all increase routine physical activity for all ages. To create lasting behavior change the environment must support the healthy choice being the easy choice.

Recent *2008 Physical Activity Guidelines for Americans* by the U. S. Department of Healthy and Human Services suggests that children and adolescents should do 1 or more hours of physical activity daily. Three of these days should include muscle-strength trainings. For substantial health benefits, adults should do at least 150 minute (2 hours and 30 minutes of moderate intensity activity) weekly. RI's most recent Behavior risk factor surveillance data however reports that only 43.5% of adults are highly active and 24.1% of high school students report being active. The *Safe and Active Commuting Program* supports comprehensive approaches that can have an impact on physical activity in communities. The consultant is charged with reducing health disparities by targeting neighborhoods and communities that show the greatest need for built environment changes to support improved health.

Purpose: The purpose of this RFP is to implement coordinated best practices for safe and active transportation in funded and non-funded communities by supporting partners in their work, by implementing initiatives to engage the public in active transportation, tracking transportation projects and policies in the RI and by providing municipalities with guidance on effective strategies to improve the built environment for walking and biking.

SECTION 3: SCOPE OF WORK

Overview

The awardee(s) will work with the Active Living Specialist and community partners on the planning, execution, and evaluation of projects that will advance safe and active transportation. Projects will vary by community, according to community and state needs, but will have a focus on safe and active transportation issues, such as building *Safe Routes to School* teams in School Districts, working with RIDOT staff for purposes of slowing traffic, enforcing traffic laws, maintaining pedestrian and cyclist facilities, improving street crossings, ensuring roads accommodate all users, promoting pedestrian scale building design and municipal and state comprehensive planning. The awardee is responsible for ensuring that community partners plan and implement recommended base-practice interventions.

The awardee(s) will work closely with and be supervised by the Active Living Specialist. The awardee(s) will be required to attend regular trainings and serve on relevant HEALTH committees. The awardee(s) will work with a variety of state and community level individuals and must be able to respond to their requests for support in a professional manner.

Responsibilities

The awardee(s) will assist IHW with developing a strong statewide infrastructure to support safe and active transportation for children and adults. The awardee(s) will assist local communities with the implementation of specific best-practice initiatives. Specific responsibilities include:

1. **Implementing Active Transportation Interventions through Partners**

The awardee will identify the needs of funded partners related to implementing active transportation initiatives and with assistance from HEALTH, develop appropriate trainings and work sessions to assist community partners with these strategies. Additionally, the awardee will work individually with communities funded by HEALTH and with other partners to ensure effective implementation of best practices for active transportation. The awardee will also recruit partners for state committees related to safe and active transportation.

2. **Building Active Transportation Web Resources**

The awardee will develop a clearing house of active transportation web resources for partners and the public to use. The resources will be a combination of local resources (RIPTA, bike paths, etc) and information that will be useful to partners working on active transportation initiatives (Safe Routes to School, Complete Streets, Workplace Transportation Incentives, etc).

3. **Assessing Alignment of Comprehensive Plans with Active Transportation Elements of the Healthy Communities Plan**

The awardee will be reviewing comprehensive plans seeking State approval and assessing their alignment with the Healthy Communities Plan's active transportation objectives and strategies. The awardee will also work with partners and IHW to update the existing Healthy Communities Plan based on user feedback and develop a Healthy Communities Plan self assessment tool for planners and plan for planner technical assistance. The awardee (or subcontractor) must be familiar with the State's comprehensive planning process, the field of comprehensive planning, and best practices for promoting active transportation through land use, transportation, and economic development policy.

4. **Managing Distribution of Safe and Active Transportation Materials**

The awardee will be responsible for implementing the State's bike helmet distribution program. This will include maintaining an inventory of helmets and bike safety equipment, seeking out venues to distribute equipment, conducting helmet fittings at events, and actively promoting bike and pedestrian safety at events on behalf of HEALTH and DOT. The awardee will be able to store inventory at HEALTH's approved and pre-paid storage facility. Responsibilities also include distributing bike maps and rules of the road materials.

Requirements

- Monthly reports that include:

- Meeting attendance records; along with it significance to safe and active community project; meeting attendance is subject to pre-approval from Active Living Specialist
- Support requests for safe & active commuting
- Trainings held
- Other project related activities
- Monthly invoices, submitted by the 15th of the month after services are rendered
- Use of Get Up and Go branding throughout all activities, events and materials
- Compliance with HEALTH's *Healthy Eating at Events Policy* when hosting public meetings (HEALTH does not reimburse for food purchases)
- All communication and work must clearly site source of funding from the RI Department of Health (HEALTH) and RI Department of Transportation
- Compliance with CLAS Standards

Culturally and Linguistically Appropriate Standards

Cultural Competence

Cultural competence is the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices and attitudes used in appropriate cultural settings to increase the quality of services, thereby producing better outcomes. Competence in cross-cultural functioning means learning new patterns of behavior and effectively applying them in appropriate settings.

Limited English Proficiency

Under the authority of Title VI of the Civil Rights Act of 1964, Presidential Executive Order No. 13166 requires that recipients of federal financial assistance ensure meaningful access by persons with limited English proficiency (LEP) to their programs and activities. A 2002 report from the U.S. Department of Justice, *Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons*, provides guidance on uniform policies for all federal agencies to implement Executive Order No. 13166. Further, the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS Standards) issued by the Federal Office of Minority Health in 2004 outline mandates, guidelines, and a recommendation for the provision of language access services, culturally competent care, and organizational supports for cultural competence in health care settings. CLAS Standards 4-7 (see below) are mandates and address language access services that should be provided by every organization that receives federal funding, whether directly or indirectly.

Effective immediately, all vendors who contract with HEALTH must perform the following tasks and provide documentation of such tasks upon request of a HEALTH employee:

1. The supports and services provided by vendor shall demonstrate a commitment to linguistic and cultural competence that ensures access and meaningful participation for all people in the service area or target population. Such commitment includes acceptance and respect for cultural values, beliefs and practices of the community, as well as the ability to apply an understanding of the relationships of language and culture to the delivery of supports and services. Vendor shall have an education, training and staff development plan for assuring culturally and linguistically appropriate service delivery.
2. Vendor shall have a comprehensive cultural competency plan that addresses the following: 1) the identification and assessment of the cultural needs of potential and active clients served, 2) sufficient policies and procedures to reflect the agency's value and practice expectations, 3) a method of service assessment and monitoring, and 4) ongoing training to assure that staff are aware of and able to effectively implement policies.
3. Vendor shall have a plan to recruit, retain and promote a diverse staff and leadership team, including Board members, representative of the demographic characteristics of the populations served.
4. Vendor shall assure equal access for people with diverse cultural backgrounds and/or limited English proficiency, as outlined by the Department of Justice, *Prohibition Against National Origin Discrimination*

Affecting Limited English Proficient Persons. Vendor shall provide language assistance services (i.e. interpretation and translation) and interpreters for the deaf and hard of hearing at no cost to the client.

National Standards for Culturally and Linguistically Appropriate Services in Health Care

Culturally Competent Care (Standards 1-3)

Standard 1

Health care organizations should ensure that patients/consumers receive from all staff member's effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.

Standard 2

Health care organizations should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.

Standard 3

Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.

Language Access Services (Standards 4-7)

Standard 4*

Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.

Standard 5*

Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.

Standard 6*

Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).

Standard 7*

Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

Organizational Supports for Cultural Competence (Standards 8-14)

Standard 8

Health care organizations should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.

Standard 9

Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.

Standard 10

Health care organizations should ensure that data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.

Standard 11

Health care organizations should maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.

Standard 12

Health care organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.

Standard 13

Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers.

Standard 14

Health care organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.

*** Mandates**

11-28-11

SECTION 4: ELIGIBILITY CRITERIA

Eligible applicants must have demonstrated experience in the following. Applicants may propose to subcontract out a limited portion of the scope of work. Minimum qualification requirements are:

- Knowledge of best practice interventions for increasing walking and biking for transportation.
- Demonstrated experience and success working with community based organizations, schools, and/or worksites.
- Implementing policy or environmental change, mobilizing communities, and cultivating stakeholders through similar work.
- Understanding of RI's comprehensive planning process. Background in municipal planning is highly desirable.
- Understanding of RI's transportation system, processes, committees.
- Experience educating community members, groups and decision makers about the benefits of active commuting and safety issues.

SECTION 5: PROPOSAL SUBMISSION

The deadline for submission of proposals is February 1, 2013 by 3:30 pm.

The deadline for submission of questions is January 18, 2013 by 12 Noon.

Offerors are encouraged to submit written questions to HEALTH. Questions concerning this solicitation may be e-mailed to HEALTH, Initiative for a Healthy Weight to eliza.lawson@health.ri.gov no later than the date and time indicated on page one of this solicitation. Please reference **RFP Healthy Places & Active Transportation Project Implementation** on all correspondence. **No other contact with State parties will be permitted.** Answers to questions received, if any, will be posted on the HEALTH website <http://www.health.ri.gov/rfp> as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

Interested offerors may submit proposals to provide the services covered by this Request on or before the date and time listed on page one of this solicitation. Responses (**an original plus five (5) copies**) should be mailed or hand-delivered in a sealed envelope marked "**RFP Healthy Places & Active Transportation Project Implementation**" to:

Rhode Island Department of Health
Initiative for a Healthy Weight
Attention: Eliza Lawson
Program Manager
Three Capitol Hill, Room 408
Providence, RI 02908

NOTE: Proposals received after the above-referenced due date and time will not be considered. Proposals misdirected to other State locations or those not presented to the Initiative for a Healthy Weight by the scheduled due date and time will be determined to be late and will not be considered. Proposals faxed or emailed to Initiative for a Healthy Weight will not be considered.

Instructions for Submission:

Proposals must:

- Be typed
- Be double spaced
- Use 12 point font
- Use 1 inch margins
- Be paginated
- Not exceed 10 pages (excluding Project Abstract, Cover Letter, budget and appendices)

Proposals should follow the following format:

1. **Cover Letter**

The applicant must include a signed cover letter on official organization letterhead from an agent who is authorized to sign contracts on behalf of the applicant.

2. **Project Abstract**

Submit a completed one (1) page general summary of the application.

3. **Applicant Description (3 pages max)**

Provide a detailed description of the applicant organization. This description should include details associated with the organization as follows: type (public/not for profit); governing structure; history; vision and mission; staffing; experience serving racial ethnic populations; and current partners. Explain why your organization is an appropriate choice for this project and why this project fits with your organization's vision and mission. Describe how you meet the eligibility criteria (Section III).

4. **Project Narrative (7 pages max)**

- a. **Project Staffing Plan:** Describe the management and supervision of the project. Indicate all staff funded through this project. Detail the role of all subcontractors in relation to the role of the applicant organization. Discuss the expertise of each subcontractor and how this expertise will contribute to successful program implementation.
- b. **Relevant Work:** Describe your organization's (and subcontractor if applicable) involvement in similar work including:
 - i. Implementing best practices for active transportation
 - ii. Promoting bike and pedestrian safety with residents and community groups
 - iii. Working with local communities or state agencies in the comprehensive planning processDiscuss successes, lessons learned, and how you will apply your organization's experience to ensure success in this project. Also discuss the involvement of residents and stakeholders in similar initiatives, and how racial and ethnic minority populations were involved or how your efforts to include these populations could have been improved.
- c. **Project Description:** Within 30 days of award, the awardee will be required to submit a final project plan that will be developed after meeting with HEALTH. In this section, please describe your ideas of how you plan implement projects that respond to the needs presented in the Scope of

Work section of this RFP. These ideas will form the basis of your final project plan, but may be revised with assistance from HEALTH to meet the overall needs of IHW.

Your project description should include how to anticipate identifying technical assistance needs of partners, examples of trainings and types of assistance you could provide, ideas to present web resources so that they are useful to the public and partners, how you might provide feedback to local municipalities on how to improve their comprehensive plans for walking and biking for transportation, and how you will identify events to promote active transportation and ways to get messages and materials out to the public. Mention how your expertise, past experience and partners make you an appropriate awardee for these initiatives.

5. Financial Budget and Narrative

Include a 12 month financial budget (listing of all project expenses) and a budget narrative (explanation of expenses). Use the budget form (Appendix B) and the Detail of Personnel / Consultants (Appendix C).

Indirect costs are not an allowable expense for proposals submitted in response to this RFP. Indirect costs are expenses that cannot be clearly tracked and are not included in the allowable expense categories listed. See Appendix A for a listing of allowable expenses. Include a 20% verifiable match by your organization in the budget.

6. Appendices

The following are required:

- a. Evidence of non-profit status
- b. Staff resumes and job descriptions
- c. At least 3 letters of support
- d. Most recent financial audit

SECTION 6: CONTRACT INFORMATION

A contract resulting from this award will be issued approximately April 1, 2013. There is a total of \$48,686 available through March 31, 2014 with the option of renewal for three additional 12-month periods at the exclusive option of the state, based on grantee performance and the availability of funds.

SECTION 7: SELECTION PROCESS

Proposals will be reviewed and evaluated according to the evaluation rubric in this RFP. Applications will be reviewed and scored by a committee of State Employees including representatives from the Initiative for a Healthy Weight, leadership from the Division of Community, Family Health and Equity, and representatives from the Department of Transportation. The committee will review and score each application individually. The Committee will then meet to review and discuss each proposal according to the established review criteria (evaluation rubric). The proposals will be ranked in order of abilities to meet the requirements dictated in the RFP.

If an applicant is approved for funding but is unable to accept a contract, the contract will be offered to the applicant with the next highest ranking.

HEALTH reserves the right to:

- Award a contract with or without further discussion of the proposals submitted
- Reject any and all proposals submitted
- Request an oral presentation of the proposal to the Division staff to clarify the proposal and to ensure mutual understanding
- Arrange on-site pre-award visits by HEALTH staff to determine the applicant's ability to meet the terms and conditions of the RFP
- Establish a later effective date in the contract if circumstances are such that it is in HEALTH's best interest to delay funding

SECTION 8: EVALUATION CRITERIA

The maximum possible score is 100 points and applicants scoring below 60 points in the technical review will not be considered. The Department of Health reserves the right not to fund any proposal(s). Technical proposals that receive less than 75 of the maximum allowable 100 points on the technical proposal will be considered non-responsive and dropped from further consideration. Responses will be evaluated using the following criteria:

0-5 Points: Applicant Description

- Applicant's capacity to take on this project
- Applicant's experience with community-based organizations, schools, and/or worksites
- Applicant's experience in community mobilization
- Applicant's understanding of and/or experience in the comprehensive planning process
- Applicant's experience in the field of transportation, and specifically active transportation

0-15 Points: Staffing Plan

- Staff experience and education is appropriate to carry out the work
- Subcontractors (if applicable) have the expertise necessary to carry out their roles
- Staff and subcontractors have a sufficient amount of time dedicated to the project
- Staff and subcontractor roles and responsibilities are clear and are appropriate for the project
- The Applicant proposes sufficient project management, staff supervision, and fiscal management

0-20 Points: Relevant Work

- Applicant demonstrates familiarity with best practices for active transportation
- Applicant has sufficient experience implementing best practices for active transportation
- Applicant has experience promoting safe and active transportation and reaching racial and ethnic minority populations. Applicant discusses how outreach efforts could have been improved (if applicable).
- Applicant is familiar with the comprehensive planning process and demonstrates the ability to review complex planning concepts related to land use, economic development, and transportation and make recommendations to improve active transportation
- Applicant shows how past experiences will benefit this project

0-20 Points: Project Description

- Applicant sufficiently addresses all responsibilities in the Scope of Work
- Applicant proposes appropriate activities to assist community partners with implementing safe and active transportation best practices, including trainings and 1:1 support
- Applicant describes plans for identifying and compiling web-based resources, and demonstrates an understanding of how these resources will be presented to be utilized by partners and the public
- Applicant proposes to review comprehensive plans, assess alignment with the Healthy Communities Plan, and provides ideas for how to provide guidance to municipal planners on making improvements for active transportation
- Applicant proposes effective ways to reach the public with equipment and messages about bike and pedestrian safety

0-10 Points: Letters of Support

- At least three (2) letters of support are included that reflect the applicant's (or subcontractor's) understanding of active transportation and work engaging diverse populations
- At least one (1) letter of support is included that demonstrates the applicants (or subcontractor's) involvement or understanding of the municipal comprehensive planning process and/or state transportation planning process

0-30 Points: Cost Proposal

- Applicant has submitted a budget and budget narrative that reflect appropriate expenses to accomplish the scope of work.
- A 20% match is included

ADDENDIX A

Budget Guidance

Budget and Budget Narrative:

The project budget describes in detail the expenses of the program and consists of two parts—a financial budget and a budget narrative. Budgets should not exceed the maximum funding level of \$48,686 for Year 1. In order to be funded, all applicants are required to include a verifiable twenty percent (20%) in-kind match by the applicant organization. The components of both the financial budget and the budget narrative are described below.

Financial Budget: The financial budget is a listing of all project expenses. Please use the Budget Form (Appendix B) to prepare the financial budget. Indirect costs are not an allowable expense for proposals submitted in response to this RFP. Indirect costs are expenses that cannot be clearly tracked and are not included in the allowable expense categories listed below. Please include a verifiable twenty percent in-kind match (required contribution) by your organization on the budget summary form. The following is a description of allowable expenses.

Allowable Expenses

- **Personnel:** Indicate each staff position for this project. Show percentage of time allocated to this project, the total annual salary and hourly rate, the personnel costs being requested under this RFP, and the percentage of time that will be in-kind, if any. (Complete attached Appendix C Detail of Personnel)
- **Fringe Benefits:** Include in detail those benefits normally provided by an organization, such as state/federal taxes, health coverage, FICA, pension plans. Also indicate the fringe benefit rate for the organization
- **Consultants:** List each consultant/speaker individually, specifying the hourly rate. Only expenses for functions related to this project may be included. (Complete attached Appendix C Detail of Consultant)
- **Travel:** In-state reimbursement for mileage expenses related to program operations is not to exceed (\$.55) per mile. Reimbursement of travel expenses is allowed for activities related to this project only.
- **Printing/Duplicating:** Include the cost of duplicating educational materials to be distributed during the contract year. The duplication or printing of flyers, brochures, booklets, information sheets, and other educational materials related to the project should be included.
- **Supplies:** List office and program supplies allocated to the project.
- **Telephone:** Include telephone expenses associated with the project.
- **Resource Materials:** List books, curricula, videos, or other resource materials purchased for program use.
- **Capital Expenses/Equipment:** Funds used for capital expenses or equipment are not to exceed one thousand five hundred dollars (\$1,500.00) per contract year. Organizations requesting funds for capital expenses or equipment must prepare a statement justifying the need and receive prior approval.
- **Postage:** Indicate postage expenses allocated to the project.
- **Facilities/Rental Expense:** Indicate the cost of office space and other facility expenses incurred as a result of this project (e.g., rental of program space).
- **Subcontracts with Other Organizations:** Payments to not-for-profit community-based organizations and private for-profit entities that provide services to the applicant organizations in support of funded project activities are allowable. Subcontracts with not-for-profit entities may not exceed 25% of the total project budget. Subcontracts with for-profit entities may not exceed 10% of the total project budget. A memorandum of agreement must be provided for each subcontract.
- **Other/specify.**

Applicants are advised that HEALTH is not responsible for any expenses incurred by the Applicant prior to receiving a contract signed by both parties AND a Purchase Order has been issued by the Department of Administration, Office of Purchases. No work shall be performed until a Purchase Order is issued.

ADDENDIX B

BUDGET FORM

Agency:

Date:

Address:

FEIN #:

<i>Expense Category</i>	<i>Project Grant Request</i>	<i>Organization Match</i>	<i>Paid by Other Sources of Funds</i>
1. Personnel			
2. Fringe			
3. Consultants			
4. Travel			
5. Printing/Duplicating			
6. Supplies			
7. Telephone			
8. Resource Materials			
9. Capital Expenses/Equipment			
10. Postage			
11. Facilities Rental/Expense			
12. Subcontracts			
13. Other /Specify			
TOTAL REQUEST			

ADDENDIX C

DETAIL OF PERSONNEL

<i>Name</i>	<i>Position Title</i>	<i>Total Annual Salary</i>	<i>HOURLY RATE</i>	<i>% of Time Devoted to the Project (include # of hours)</i>	<i>Amount of Salary Charged to the Project Grant</i>

DETAIL OF CONSULTANT

<i>Name</i>	<i>Position Title</i>	<i>Total Annual Salary</i>	<i>HOURLY RATE</i>	<i>% of Time Devoted to the Project (include # of hours)</i>	<i>Amount of Salary Charged to the Project Grant</i>

ADDENDIX D

Project Summary Sheet

Rhode Island Department of HEALTH
Initiative for a Healthy Weight

HEALTHY PLACES & ACTIVE TRANSPORTATION PROJECT IMPLEMENTATION

The purpose of this page is to provide very basic summary information about the proposal that the prospective funding source can review quickly and use for identification.

NAME OF APPLICANT AGENCY _____

ADDRESS OF APPLICANT AGENCY _____

TELEPHONE NUMBER _____

FAX NUMBER _____

CONTACT EMAIL ADDRESS _____

F.E.I.N. # _____

PROJECT TITLE _____

AMOUNT REQUESTED _____

THIS PAGE IS NOT A BIDDER CERTIFICATION FORM